

POSTPONING FIRST AND SECOND BIRTHS AMONG YOUNG MARRIEDS

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Marriage is recognized primarily as a civil or religious union, marking the beginning of socially acceptable sexual relations and family formation. In most countries, childbearing is socially acceptable only within marriage. Therefore, families and society expect first pregnancies to occur soon after marriage. Since in many, if not most, societies, children and parenthood are highly valued, newly married young couples are expected to have their first child within the first year of their union. Among developing countries, the proportion of young married girls who bear a child before age 20 varies widely from one place to another. In some of these countries, the proportion may reach as high as two-thirds, whereas in others it may be as low as one in five girls giving birth before age 20. In Bangladesh, for example, the median age of marriage for girls is 17, and approximately 50 percent of young women have children by age 19. Married adolescent girls are usually married to men who are much older than they. In some cases, married adolescent girls delay childbearing in order to complete their education or to remain employed. The most important factor for postponing first and second birth among young marrieds is related to the adverse effects of early pregnancy on mother's health. In addition, in countries where fertility is high, postponing births among young married significantly reduces the size of the total population. Findings from operations research studies suggest that behavior-change communication interventions had motivated young marrieds to delay the first pregnancy.

Young adults (ages 10-24) represent approximately one-third of the total population in developing countries and are at high risk for unintended pregnancy, sexually transmitted infections (STIs) and HIV/AIDS. Findings suggest that delayed childbearing by adolescents significantly reduces maternal and infant deaths, especially in countries where anemia and malnutrition are common.¹ Health problems that can be commonly experienced by young pregnant women are damage to the reproductive health tract, delayed or obstructed labor, ruptures in the birth canal, and elevated risks of maternal and infant mortality. The vast majority of newly married adolescents know little about STIs and are less likely than older women to take appropriate steps to protect themselves from them. This in turn may lead to serious health consequences for the expectant mother and the baby. For example, in Bangladesh 19 percent of newborns are exposed to a high risk of death because the mother is underage.

Factors that accelerate or lead to married adolescent girls' entering into early motherhood include the widespread belief that contraceptives are inappropriate for young people to use before a first birth and family expectations that young marrieds should have children as soon as possible. Many family planning programs do not help young people, and especially young marrieds, acquire the knowledge

¹ Rob, U., and N. Piet-Pelon. 1998. "Adolescents and Reproductive Health." *Policy Dialogue* No.8. Population Council, Bangladesh.

and skills needed to postpone first and second births. And in some cultures it is considered socially unacceptable for young married women to leave their homes to receive family planning services.

Contraceptive use early in marriage can have a positive effect on future reproductive health. It appears that a growing number of young women use contraceptives prior to the birth of their first child. In Bangladesh, approximately one-third of married adolescents ages 15-19 report using contraceptives prior to childbearing (Bangladesh Demographic and Health Survey, 1999 - 2000). The use of menstrual regulation, abortion and the reported desire to delay childbearing among married adolescents underscore the need for contraception earlier in marriage than is usually assumed. Appropriate family planning programs could greatly enhance young women's reproductive health by intensifying efforts to reach newlyweds.

Several interventions have been designed to help young married women delay their first births, including encouraging smaller families, providing information about birth spacing, and prenatal care. These types of programs try to reach young women in their homes and communities, recognizing that young married women usually have less mobility than older women. One example of a successful program to reach young married women is conducted by Pathfinder International in Bangladesh.² There, field workers were trained to work with young married women, contacting them through home visits and promoting and selling contraceptives to them. Field workers consult with the newly married women on arranging and scheduling the orientation meetings, including how best to involve their in-laws. Findings suggest the program has increased contraceptive use and delayed first pregnancy among newly married young women. Although males show an interest in the program, their attendance in the orientation meetings is poor compared to that of the young women.

Because young women are often protected by their families, have less mobility, and frequently cannot go to a clinic, it is critical that field workers visit them at their homes. These workers should be able to conduct examinations and screen for potential problems related to pregnancy. The worker should also be able to motivate the family decision makers to call her when labor begins and prepare to transport the woman if necessary.

In Bangladesh, there is an emerging trend of contraceptive use prior to the first birth. Service providers should give special emphasis to reaching these couples. Special events such as village fairs or street dramas for newlyweds can be organized at clinic and community levels where adolescent reproductive health should be the theme.

Young married women's underutilization of health services must be examined and effective methods devised to encourage young women to use these services. Where reproductive health (RH) programs are managed by nongovernmental organizations, innovative methods can be employed to ensure that these programs incorporate income-generation and skills-building activities as part of their program plans. For instance, RH programs may help newly married women with micro-credit and informal education that may help reinforce young couples' willingness to postpone first and second births.

Research findings suggest that socioeconomic and educational factors affect the timing of first and second births among young married women. Therefore, health-service policies and programs should be designed and especially targeted to married adolescents. Interventions should include programs that support or reinforce their self-esteem; help them take care of their reproductive health needs; and encourage and assist young couples to continue their education, which may strengthen their economic prospects as well. Married and soon-to-be married young people are a priority segment of the population that must be reached and addressed through effective health programs immediately.

2 Barkat et al. 1999. *Newlywed Strategy: Results of a Program Assessment*. Pathfinder International.